

ART. IX.—*Medical and Obstetrical Cases.* By J. YOUNG, M.D., of Chester, Pennsylvania.

TO DOCTOR HAYS: In your Journal, I frequently see reported cases of poisoning with laudanum. In all such accidents, I think it the duty of every one who has had experience in their treatment to state the result. With this view, I send you the two following cases:—

CASE I. *Excessive Narcotism.*—On the 10th of August, 1835, I was sent for in haste, to see a little child in its second summer. I found it narcotized almost to death; the countenance was perfectly pale and blanched, and all power of muscular contraction entirely suspended; to use an every-day popular expression, it was “limber as a rag;” it could not be aroused to consciousness by any possible means; it could not swallow fluids when put into the mouth.

The mother informed me that it had had “summer complaint,” that she had been accustomed to use “Baker’s specific” with her children under similar circumstances; that her bottle had been all used, but that a deposit on the inside was adhering to the glass, and she thought she would wash that off, and give it till she could procure some more. She did so; the child soon went to sleep; this was about one o’clock P. M. It slept so much longer and sounder than usual, that about six o’clock she undertook to arouse it, but found it impossible. The poison had been in the stomach something like *six hours* when I saw it. What was to be done? The stomach-pump, if I had had one there, would have been of no avail at that late period; nor would emetics, if they could have been swallowed, which they could not have been; stimulants of any kind could not have been got into the stomach, and stimulating injections I did not think of. A number of neighbours, hearing of it, had collected before I arrived, and all believed the child must die, and I saw not an encouraging symptom to forbid the idea. The poor mother was crying and wringing her hands, because she had poisoned her babe, and was calling on me to save it if possible. After reflecting for some minutes, without knowing what to do, I called for a bucketful of the coldest spring or pump water they could get, and a pitcher; they were soon brought. I got one of the females to hold the child, in such a position that I could pour the water over its head, without wetting its clothes. I poured, in a small continuous stream, perhaps a gallon, on the crown of its head, when it began to show some signs of muscular contraction; I continued it a little longer, when it roused up, cried lustily, and kicked and plunged about, so that we desisted. I now gave some other directions concerning it; read a lecture to the mother on the use of the nostrum she had employed, and left the case. It recovered without any further difficulty. This case made a great noise at the time, and banished that quack article from our neighbourhood.

I had never before, nor have I ever since, seen cold water thus recommended in these cases; and yet without it I think this child must have died.

CASE II. *Poisoning by Laudanum.*—Some seven years ago, I was called at dusk, to a young negro girl, aged eighteen. On arriving I found her in very much the same condition that I found the subject of Case I., unconscious to all external impressions, and the muscular system relaxed. On inquiry, I learned that she had for some time past been trifling with

laudanum, taking it in increasing doses till she could bear a teaspoonful three or four times a day, and boasted about its making her so "merry and so strong." On this occasion, which was on Saturday, at noon, she went to the store and procured *two ounces*, saying to some of her friends, "she intended to have a right happy afternoon." She drank about one-third of it, about one o'clock; in an hour she drank another third, and not feeling "any better, but feeling dull and sleepy," she drank the remainder. Her black friends, knowing her former use of it, and ignorant of what was a dangerous dose, paid no attention to her; she became giddy, laid down, talked incoherently, which they attributed to folly on her part; nor did they know then, how much she had taken. Between seven and eight o'clock in the evening, I saw her as before stated. It was useless to think of trying anything but the means I had used in the former case; accordingly, we had an empty tub and a bucket of cold water procured at once; her head was held over the tub by an assistant, with the face down; I commenced pouring on the cold water as before, and in less than five minutes she was completely restored. She then told us of the quantity she had drunk; told some one where the bottle could be found; it was a two-ounce vial, entirely empty; she said it was full, and she drank it all at the three draughts, as before stated. I directed nothing further, but castor oil to open the bowels; to keep her awake a few hours; but if she became stupid and comatose as she had been, to use the water again as they had just seen me do. I subsequently learned this last was not necessary, and that she got well in a day or two. Believing this to be an important means by which life may be saved in some extreme cases where laudanum has been taken in an excessive dose, I send this statement to you that others may try the measure. I have, in twenty-nine years practice, never met with but these two cases of poisoning by opium, and certainly I could not have treated them more successfully by any other means; in fact, all other means were shut out, and the patients must have died, but for the resort to the measures adopted.

[*Remarks by the Editor.*—The value of cold affusion, in cases of Narcotism, appears not to be so generally known as it ought to be, and a few remarks on the subject may therefore be useful by attracting attention to the subject, and as confirmatory of the observations of our esteemed correspondent.

The treatment of poisoning with opium, by dashing cold water over the head, is said by Christison (*Treatise on Poisons*) to have been first proposed in 1767, by a German physician, Dr. Gräter (*Diss. Inaug. de Venenis in genera: Argentorati, 1767*).

In the *London Medical Repository*, vol. xviii. (p. 26, July 1822), Septimus Wray, Esq., relates three cases of poisoning by opium successfully treated by cold affusion; and in the journal just quoted (p. 49), Dr. James Copland records another case of the same kind, in which that remedy was used with an equally favourable result.

Cold affusion has been since successfully employed in narcotism from opium, in many instances. Among these we may refer to the cases recorded by Dr. John Crampton (*Trans. of the Ass. of the Fellows and Licent. of the King's and Queen's Coll. of Phys. in Ireland*, vol. iv. p. 300, Dublin, 1826); Professor Samuel Jackson (*Philadelphia Journal of the Medical and Phys. Sciences*, vol. viii. p. 150, Philad., 1824); Dr. J. C. Richardson, (*Journal last quoted*, p. 398); Dr. B. P. Staats, of Albany (*New York Medical and Phys. Journ.* vol. iii. p. 473, N. Y., 1824); Dr. J. B. Beck (*same Journal*, p. 473); J. C. Cross (*Transylvania*

*Journ. Med.*, Nov. 1828, p. 453); and more recently by Dr. Bright (*Reports of Medical Cases*, vol. ii. p. 203).

In one of the cases mentioned by Dr. Bright, from the experience of Mr. Walne, complete recovery was accomplished, mainly by cold affusion on the head, where there appeared reason to believe that more than an ounce and a half of laudanum had disappeared from the stomach before evacuating remedies were used.

Dr. Christison says, "dashing cold water over the head may perhaps be dangerous in the advanced stage, when the body is cold and the breathing imperceptible; but the most desperate remedies may be then tried, as the patient is generally in almost a hopeless state."

Dr. T. S. G. Boissacron, of Cheltenham, suggests (*London Medical Gazette*, March 6, 1840, p. 878) the alternate use of cold and warm water, at different parts of the surface of the body. This, Dr. Christison considers an improvement. "The alternating impression of heat and cold may," he says, "act better as a stimulant than either agent singly; and the occasional employment of heat prevents the risk of collapse from too continuous exposure to cold." Dr. Boissacron saved, in this way, two cases, one a child, the other an adult, in very unpromising circumstances.

Dr. Cross (*Essay on Poisoning by Opium in Transylvania Journ. of Med.*, Nov. 1828) remarks: "Entertaining as I do, the most exalted opinion of its [cold water] efficacy, I shall be pardoned when I assert that of all the remedies enumerated, it is the only one that deserves confidence; the only one that can be viewed in the light of a certain, I had almost said, infallible antidote to poisoning by opium." Dr. Cross has collected and given an abstract of all the cases in which the measure in question has been successfully employed up to the time at which he wrote. He also relates three cases of narcotism, treated successfully by himself by this means, and narrates a series of experiments made by him on dogs, illustrative of the same point.

Although we are not prepared to go as far as Dr. Cross, in regarding cold water as "an infallible antidote to poisoning by opium," we think the evidence we have adduced, with that furnished by our valued correspondent Dr. Young, is sufficient to demonstrate the value of that means of treatment, that after proper means have been employed to remove the poison from the stomach, it should be regarded as among the most efficient means of arousing the sensibility.]

The following cases, of a different character, may not be deemed uninteresting:—

CASE III.—*Uterine Hemorrhage during Pregnancy and Labour.*—The subject of this case was a fine, healthy, respectable woman, of small size, but well-formed pelvis, who had been confined five times previously, in all of which I attended her. Her labours were always hard, on account of large children, but perfectly safe. She had engaged me to attend her in her sixth confinement, from the 1st to the 10th of June, 1840. On the night of April 9th I was called to her, on account of a sudden gush of blood from the vagina, without the least pain. It had ceased entirely before I got there; she was much agitated and alarmed; I ordered nothing but quiet, and cold cloths to the vulva. I stayed till morning, when she was as well as usual; had slept well; there was no discharge; she was somewhat nervous from fright and loss of blood. I enjoined rest for a few days; and forbade her coming down stairs for a week or two, and left her with a request to be sent for if she wished me again. In a short time she was down stairs, attending

to household affairs. On Friday evening, April 27th, I was again sent for, for the same cause as before. On my arrival, I found the flooding had subsided, except a slight stillicidium. I gave a few powders of acet. plumbi, with laudanum, applied cold cloths, enjoined quiet and composure. She was not so much prostrated this time as before, because, probably, she was not so much alarmed, nor was blood lost quite to the same amount. There was not, on this occasion, the least pain, or sensation of pressing down. After taking two powders the stillicidium ceased, and she slept till morning. I again enjoined her keeping her room till I gave consent for her to leave it. On Monday, 30th, I saw her husband; he said she was very well, sitting up in her room, &c. I heard no more from her till Monday, 7th May, in the evening, when I was again sent for. There had been the same sudden gush as formerly, without the least sensation of pain; a little stillicidium again remained, which a few grains of acet. plumbi and laudanum, with cold cloths, soon checked. In the morning she was exceedingly weak and prostrate, and I remained with her. She took some coffee and toast for breakfast. An hour or two after, there was another gush of blood without pain, that prostrated her still further. I examined and found the placenta directly over the os uteri, with the fetus so high up that I could not reach it with my finger. I now had Drs. Gregg and Porter called to my aid. We agreed to give ergot, to bring on uterine action, and deliver. It was given, but produced no effect. She was prostrate and weak, without any pain or uneasiness whatever, and without the least discharge; nor did it return afterwards. We felt satisfied now that the placenta was entirely detached, that there could be no further hemorrhage, and concluded to watch her attentively, and at the first indication of uterine contraction to deliver; but this did not manifest itself till the next Friday, except to a very slight extent on Wednesday, when we gave ergot, with the effect, not of increasing, but of relieving it entirely. On Friday, the pains manifested themselves, and in a few pains we delivered her of a dead child. From Monday till Friday, some one or two of us were constantly with her, and endeavoured by every means to restore her lost strength, to enable her to sustain what she yet had to go through. On Thursday afternoon and night, and Friday morning, she appeared to be recruiting finely. After delivery, for an hour and a half or two hours, she appeared to do well; after this, however, she began to fall off, and, in spite of all our exertions, she died in about five hours after delivery. Not a drop of blood was lost after noon on Monday preceding the delivery.

A question of great practical importance presents itself here. Ought we, on Monday, to have disregarded the prostration, after the discharge had ceased, when there was not the least evidence of uterine contraction, and the os uteri opened about the size of a dollar, although dilatable, and when the only alarming feature of the case was pure prostration and debility, to have thrust the arm into the vagina, dilated the os uteri, and removed its contents? Had this been done, I feel confident she must have died under the operation. The course pursued was I think the one indicated by the situation of the patient; and had the pains consequent to uterine contraction been delayed another day or two, she would have assuredly survived the delivery. Had we not satisfied ourselves on Monday, so far as it was possible, that there was no further danger from hemorrhage, because of the placenta being entirely detached, the indication might have been different. Here it was certainly to

calm the nervous agitation, and by means of brandy-toddy, chicken soup, nourishing gruels, &c., to restore tone and strength to the system, to enable it to sustain the shock of the delivery. This we partially succeeded in doing; but labour came on too soon for her strength to bear it.

*CASE IV.—Flooding in the early months of Pregnancy not followed by Abortion.*—The following case is similar in some respects, but terminated more favourably. On the 2d of September, 1851, I was requested to see, in haste, another lady, in consultation with Dr. Gregg; from him I learned that he had been summoned to her about midnight, for what she supposed was colic. He prescribed for her, she got easy, and he went home. About 7 o'clock next morning he was sent for in great haste to see the patient, on account of excessive flooding. She was at her eighth month of gestation, and from over exertion the day previously had brought on the unfortunate state of affairs then existing. She was completely blanched, and so prostrate that she could scarcely speak distinctly; the flooding had nearly ceased when he arrived. When I saw her, it was evident, from her moaning, that she had regular uterine pains, though too trifling to do any thing towards evacuating the uterine contents. The fœtus was too high up to make out the presentation satisfactorily; the placenta was *not over the os uteri*, nor could it be felt with the finger in any direction. The pains being regular but inefficient, and the flooding continuing to a considerable extent, we at once gave ergot in decoction, and warm brandy and water as freely as she could take it. The ergot soon increased the pains, and the head descended into the pelvis; we immediately applied the forceps, and in a few minutes delivered her; the placenta followed the child, and had been cast off from its attachment at the fundus uteri when the great flooding occurred. We remained some hours with her after delivery, and she gradually recruited, and is now entirely well.

In this case, the obvious indication was delivery at once, as the uterus had taken on regular contractions; but from debility, the consequence of loss of blood, they were inefficient, and required assistance. A very different case from the former one.

The two following cases were attended with circumstances I do not recollect having seen recorded, and they are believed to be very uncommon:—

*CASE V.—Flooding not followed by Abortion.*—Early in March, 1851, I was requested to see a young married woman, who believed herself to be in the third month of pregnancy, and was discharging blood freely from the vagina. She was in bed, very much alarmed, and flooding, though not to an alarming extent. I soothed her fears, advised perfect quiet, in a horizontal position, and assured her that there was no danger to herself, but that she would certainly lose her fœtus. She continued about a week in her room, most of the time in bed, but continued being "*a little unwell*." She was anxious about getting to housekeeping, and went about as usual, and, in a few days, another free flooding came on, so that she required attention, rest, &c. This went by, and she continued with a slight discharge almost every day; sometimes for a day or two it would cease; but it invariably returned again, but not to such an extent as to occasion alarm. On the 3d of September I was sent for, and in a few hours delivered her of a fine healthy child, and she recovered without an unpleasant symptom. She went her full time, after having had two severe floodings, about the third month, and nearly

constant oozing during the whole term of gestation. I never have seen any other case in which such free floodings, in the early months, were not followed by abortion.

CASE VI.—*Discharge of Water per Vaginam during Pregnancy.*—On the last day of April, 1851, I was requested to see a lady, pregnant the fourth time. Her two last confinements had been at the end of the eighth month of gestation; the children were very small, and both died within three or four months after birth. On this occasion, she had been for about two weeks constantly troubled with a dribbling of water from the vagina, with constant uneasiness, amounting almost to pain in the pelvis. She felt uneasy about her situation, and wished my advice. She supposed she was two months pregnant. On a rigid investigation I became satisfied that it must come from the uterus, and told her she would certainly abort. I bled her, enjoined quiet, light, digestible food, and requested to be sent for if she got worse. I saw her husband frequently, at intervals, afterwards, and learnt that the same draining of water continued almost constantly. I was requested to see her again, about the middle of July. There was the same draining going on, but to a greater extent than previously. She had quickened; her health was perfect, and as she was full and plethoric I bled her again, eight or ten ounces; told her I adhered to my former opinion, that she could not go her time out; to be cautious about accidents from missteps, &c.; and on the 31st of October I was sent for to her in labour, and in a few hours delivered her of a very small, though apparently perfect child. It still lives, but is small and very delicate. At the time of birth there was no accumulation of waters, nor was there any particular dryness of the parts, but the labour was very like a common one after the waters are drained off. I inquired particularly about any gush of waters, as I thought the membranes had ruptured before my arrival, and was assured there was none; that she had been no way different from what she had been all the time since I first saw her, viz., a constant draining of water, but now she had pain. This was at the end of the eighth month again, according to both the *long* and *short* modes of reckoning; so that she had been confined three successive times at the end of the eighth month of gestation; the last time, the membranes rupturing at the second month, and the liquor amnii constantly draining away, and yet she did not abort.

The question has sometimes been asked, ought the umbilical cord ever to be cut before the delivery of the child? To this I would reply affirmatively; that the safety of both mother and child sometimes, though rarely, requires it, the following cases will serve to exemplify.

CASE VII.—*Labour, Funis around Neck of Child.*—January 28, 1830. I was called to Mrs. B., at three o'clock A. M., in labour with her first child. In sixteen hours the head was expelled. I at once detected the cord three times round the neck of the child, and crossing the front of the chest. The pains were powerfully propulsive, and it was impossible to liberate a coil of it in either way. The child could not advance, and was evidently strangling from the tight compression of the neck. Under the circumstances, I feared either a rupture of the cord, or a inversion of the uterus; she had had three violent pains in this situation. I stated the difficulty to the attendants, and that it would be necessary to expose the female, tie the cord, and cut it before the child could be born. They at once urged me to do whatever was right. I immediately tied it with two ligatures, and cut between them, and

with the next pain the labor was completed. As the body was expelled I found the cord had passed first down between the legs, then up over the right side, crossed the thorax in front, and the first coil around the neck was from the left side; after pursuing this course it was three times round the neck. The child was asphyxiated, of a deep blue colour, but it revived, and grew, and became a fine healthy child. Safety to the mother and child required this procedure in this case. I regret that I neglected measuring the length of the cord.

The difficulty here was the result of the great length of the cord. Since the above case I have seen another very similar. In this the cord was twice round the neck, and it was impossible to liberate it, nor could the child advance as it was. I pursued the same course, with the same results. In either of these cases I am certain any other procedure would not have terminated so favourably. But I have seen, in one case, the same difficulty from a reverse cause, that is, a short cord.

CASE VIII.—*Excessively Short Funis.*—On the 1st of February, 1851, I delivered Mrs. H. of twins. Both were expelled before I cut the cords; but after the expulsion of the first it was drawn up so close to the vulva that my only resource was to tie and cut the cord as far *within the vulva* as it was possible for me to reach. I could apply but one ligature, and cut beyond it, at least three inches within the os externum. As soon as this was liberated, I was not disappointed in discovering another child there. It came on within half an hour, and exactly the same difficulty existed as with the first. I had to do as with the first, and every thing terminated favourably. Each child had its own separate placenta, the first occurrence of this kind I had met with, in some thirty or more cases of twins. In this case it did not occur to me to measure the cords, but I think they could not have exceeded six or seven inches.

CHESTER, January 17, 1852.

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ART. X.—*Cases of Hemorrhage from the Umbilicus after the separation of the Funis.* By W. C. BAILEY, M. D., of Spencertown, N. Y.

I DELIVERED Mrs. B., aged 24, on the 31st of March, 1849, of her second, a well-formed male child. The first, a female, now 4½ years old, is living. The labour was short and easy; child weighed soon after birth six pounds, and there was nothing in its appearance to attract particular notice; the cord came off the third day, leaving a very small granular point unhealed within the umbilical pit. On the following day, the cicatrice was so far retracted as to become invisible. Sixth day, bowels inactive; stools clay-coloured; administered ʒss ol. ricin., followed by syrup of rhei et tarax. Seventh and eighth days, bowels somewhat improved; child does not cry except when the legs are extended. Ninth day, on dressing the child in the morning, the cloths over the umbilicus were stained with blood, but no hemorrhage occurred during the dressing; at night, the cloths were again found sodden with blood; nurse applied compress of cobwebs, adjusting the bandage so as to make slight pressure. Tenth day, hemorrhage returned at 10 o'clock A. M. When I saw it, the blood was